

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10560523

FILING DATE

12/3/05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6	1		1			
7		1		1		
8		1		1		
9		1		1		
10		4		1		
11		4		1		
12	1		1			
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		4		1		
19		4		1		
20		4		1		
21		8		1		
22		8		1		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		18	←		←
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

C. Burt